

State: MICHIGAN

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act	<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.
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☒ The plan covers all individuals as described above.

☐ The plan covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR 435.211	<input type="checkbox"/> 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.
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*Agency that determines eligibility for coverage.

TN No. <u>96-20</u>	Approval Date <u>10-15-97</u>	Effective Date <u>10-01-96</u>
Supersedes TN No. <u>92-02</u>		HCFA ID: 7983E

State/Territory: MICHIGAN

OFFICIAL

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508 (section
4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(iii), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

— The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed six).

The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

*Agency that determines eligibility for coverage.

TN No. 9240 Approval Date 4-8-92 Effective Date 01-01-92
Supersedes
TN No. 92-02

HCFA ID: 7983E

State: Michigan

Citation(s)

Groups Covered

~~1903 (m) (2) (F)
of the Act,
P.L. 98-368
(section 2364),
P.L. 98-272
(section 9517),
P.L. 101-508
(section 4732)~~

~~B. Optional Groups Other Than the Medically Needy (continued)~~

~~The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27 (d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.~~

~~— Disenrollment rights are restricted for a period of __ months (not to exceed 6 months).~~

~~During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.~~

~~— No restrictions upon disenrollment rights.~~

1903 (m) (2) (H),
1902 (a) (52) of
the Act
P.L. 101-508
(section 4732)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903 (m) (2) (H) and who were enrolled with an entity having a contract under section 1903 (m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

☒ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

— The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

State/Territory: MICHIGAN

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

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*Agency that determines eligibility for coverage.

TN No. <u>92-00</u>	Approval Date <u>4-8-92</u>	Effective Date <u>01-01-92</u>
Supersedes		
TN No. <u>92-02</u>	HCFA ID: 7983E	

State: MICHIGAN

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

- ☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☐ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Individuals under the age of--
 - ☐ 21
 - ☐ 20
 - ☐ 19
 - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

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*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date 3-13-92 Effective Date 10-01-91
Supersedes
TN No. N/A HCFA ID: 7983E

State: MICHIGAN

Agency* Citation(s) Groups Covered

OFFICIAL

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220



6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.



The State covers all individuals as described above.

1902(a)(10)(A)
(ii) and 1905(a)
of the Act



The State covers only the following group or groups of individuals:

— Individuals under the age of--

— 21

— 20

— 19

— 18

— Caretaker relatives

— Pregnant women

42 CFR 435.222
1902(a)(10)
(A)(ii) and
1905(a)(i) of
the Act

7. ☒

a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

— 20

— 19

— 18

TN No. 92-02

Supersedes

TN No. 86-12

Approval Date 3-13-92

Effective Date 10-01-91

HCFA ID: 7983E

State: MICHIGAN

Agency* Citation(s) Groups Covered

OFFICIAL

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

☒ b. Reasonable classifications of individuals described in (a) above, as follows:

- ☐ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
 - ☐ (a) In foster homes (and are under the age of _____).
 - ☐ (b) In private institutions (and are under the age of _____).
 - ☐ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).
- ☐ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- ☐ (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.
- ☐ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).

TN No. 92-02

Supersedes

TN No. 86-12

Approval Date 3-13-92

Effective Date 10-01-91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 13a
OMB NO.: 0938-

State: MICHIGAN

Agency* Citation(s) Groups Covered

OFFICIAL

B. Optional Groups Other Than the Medically Needy
(Continued)

- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 92-02
Supersedes
TN No. N/A

Approval Date 3-13-92

Effective Date 10-01-91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
August 1991

Attachment 2.2-A
Page 14
OMB NO.: 0938-

State: Michigan

Citation

1902(a)(10)(A)(ii)
(VIII) of the Act

Groups Covered

B. Optional Groups other than the Medically Needy (Continued)

- ☒ 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical rehabilitative care, and who before execution of the agreement - -
- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
 - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of - -

☒ 21
☐ 20
☐ 19
☐ 18

TN No. 99-12

Approval Date 12-9-99

Effective Date 07/01/99

Supersedes
TN No. 92-02

State: MICHIGAN

Agency*	Citation (s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.223

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

 Individuals under the age of--
 21
 20
 19
 18
 Caretaker relatives
 Pregnant women

OFFICIAL

TN No. 92-02

Supersedes

TN No. N/A

Approval Date 3-13-92

Effective Date 10/01/91

HCFA ID: 7983E